

## **Tuition Free**

## **Training Bulletin**

## Terrorism II: Domestic Terrorism

As of 1/1/2009 the Governor's Office of Emergency Services is now the California Emergency Management Agency (CalEMA). CSTI is the all hazards trainer for the new agency

DATE: May 11-14, 2009 LOCATION: Long Beach

Prerequisite Course: Terrorism I

Graduates of our original comprehensive course can add to their knowledge and skills by enrolling in CSTI's *Terrorism II* course. Where *Terrorism II* concentrated on understanding the threat, *Terrorism II* focuses on understanding and countering the threat posed by domestic terrorist groups.

## Topics include:

The Political Process
Single Issue Terrorism: ELF and ALF
The Profile of Homegrown Terrorists
The Radicalization Process
The White Supremacy Movement

Right Wing Terrorism Anarchist Trends and Tactics Case Studies Inmate Radicalization Counterterrorism Strategies

Group exercises will identify and demonstrate the issues individuals and agencies could face in preventing, preparing for or responding to terrorist events.

The Terrorism II Course is one of the required courses for individuals seeking to complete the California Emergency Management Agency's **Terrorism / Homeland Security Specialist Training Certificate Program.** 

**Tuition:** FREE This course is funded by the Emergency Management Performance Grant (EMPG) for California State and local government agencies (includes the National Guard), schools, and non-profit organizations. Private industry, out-of-state organizations, Native American Tribes, and Federal Government employees are also funded if they are a part of a California local or state government emergency management response/recovery effort.

Apply immediately using the form below or online at **www.csti.ca.gov**. An information packet and map will be sent 6-8 weeks prior to the course. For registration questions contact the Registrar Kelly Gargano at (805) 549-3190, Kelly.Gargano@oes.ca.gov; or for course content, contact the Course Manager Tony Lukin at (805) 549-3541, Anthony.Lukin@oes.ca.gov.

POST ID #:	Social Security # (last four digits):		
Name:		Title:	
Address:			
City:	FAX:	State:	Zip:
Work Phone:	FAX:	E-Mail:	
Training Coordinator/Supe	rvisor Signature:		
Do you have any disal	bilities (including special allergie	s or medical conditions) tha	t requires special
consideration during you a	ttendance? Yes No If	so, please indicate on a sei	parate piece of paper